

Assembly Bill No. 753

CHAPTER 708

An act to repeal and add Chapter 7 (commencing with Section 4362) of Part 3 of Division 4 of the Welfare and Institutions Code, relating to mental health, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor October 10, 2013. Filed with
Secretary of State October 10, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 753, Lowenthal. Cognitively impaired adults: caregiver resource centers.

Under existing law, the Director of Health Care Services and the Statewide Resources Consultant administer a program to provide various services to brain-impaired adults and their families and caregivers. Existing law requires the director to contract with a nonprofit community agency meeting prescribed criteria to act as the Statewide Resources Consultant, and prescribes the duties of the consultant. Existing law also requires the director to contract with nonprofit community resource agencies to establish regionally based resource centers to ensure the existence of an array of appropriate programs and services for brain-impaired adults.

This bill would repeal and recast those provisions. This bill would require the director to, among other things, maintain or enter into contracts directly with nonprofit caregiver resource centers (CRCs) to provide direct services to caregivers of cognitively impaired adults, as defined, throughout the state. These services would include, but not be limited to, specialized information, family consultation, respite care, short-term counseling, and support groups. The bill would require the CRCs to submit progress reports on their activities, as specified. The bill would authorize the director to enter into any contracts for these purposes on a bid or nonbid basis.

This bill would declare that it is to take effect immediately as an urgency statute.

The people of the State of California do enact as follows:

SECTION 1. Chapter 7 (commencing with Section 4362) of Part 3 of Division 4 of the Welfare and Institutions Code is repealed.

SEC. 2. Chapter 7 (commencing with Section 4362) is added to Part 3 of Division 4 of the Welfare and Institutions Code, to read:

CHAPTER 7. COMPREHENSIVE ACT FOR FAMILIES AND CAREGIVERS OF
COGNITIVELY IMPAIRED ADULTS

4362. The Legislature finds all of the following:

- (a) Most people with cognitive impairment who need long-term care live at home or in community settings, not in institutions.
- (b) Family members caring for a loved one with cognitive impairment face significant challenges to maintaining physical and mental health as a result of the burdens of caregiving.
- (c) The California caregiver resource centers (CRCs) effectively advocate for family caregivers.
- (d) The CRCs use evidence-based practices to improve health outcomes for caregivers and the people to whom they provide care.
- (e) The services provided by CRCs help families avoid or delay nursing home placement, resulting in significant savings in health care costs to government, individuals, and communities.
- (f) The CRC system strengthens the California economy by helping working families who care for a loved one.
- (g) The state shall support family caregivers taking care of adults, persons 18 years of age or older, living with cognitive impairment by funding and implementing the California CRCs.

4362.5. As used in this chapter:

- (a) “Caregiver” means any unpaid family member or individual who assumes responsibility for the care of a cognitively impaired adult.
- (b) “Cognitive impairment” means significant destruction of brain tissue with resultant loss of brain function. Examples of causes of the impairments are Alzheimer’s disease, stroke, and traumatic brain injury.
- (c) “Cognitively impaired adult” means a person whose cognitive impairment has occurred after 18 years of age.
- (d) “CRC” means a caregiver resource center.
- (e) “Director” means the Director of Health Care Services.
- (f) “Family member” means any relative or court-appointed guardian or conservator who is responsible for the care of a cognitively impaired adult.
- (g) “Respite care” means substitute care or supervision in support of the caregiver for the purposes of providing relief from the stresses of providing constant care and so as to enable the caregiver to pursue a normal routine and responsibilities. Respite care may be provided in the home or in an out-of-home setting, such as day care centers or short-term placements in inpatient facilities.

4363. The director shall administer this chapter and establish standards and procedures, as the director deems necessary in carrying out the provisions of this chapter. The standards and procedures are not required to be adopted as regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

4363.5. (a) The director shall do all of the following:

(1) Maintain or enter into contracts directly with nonprofit CRCs to provide direct services to caregivers throughout the state in the existing geographic service areas.

(2) Maintain, or require the CRCs to maintain, a CRC Operations Manual that defines CRC services and procedures and identifies CRC duties and responsibilities.

(b) The director may enter into any contracts under this chapter on a bid or nonbid basis. These contracts shall be exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code.

4364. (a) Agencies designated as CRCs by the director shall include in their governing or advisory boards, or both, as required by the director, persons who are representative of the ethnic and socioeconomic character of the area served and the client groups served in the geographic area.

(b) Criteria to be used in selecting CRCs shall include, but not be limited to, the following:

(1) Fiscal stability and sound financial management, including the capability of successful fundraising.

(2) Ability to obtain community support for designation as a CRC within the existing statewide regions recommended by the director.

(3) Ability to carry out the functions specified in Section 4364.5, particularly in delivering necessary programs and services to caregivers taking care of cognitively impaired adults, as defined in subdivision (c) of Section 4362.5.

4364.5. (a) The CRCs shall deliver services to and advocate for caregivers of cognitively impaired adults, as established in the CRC Operations Manual.

(b) These services shall include, but not be limited to, all of the following:

(1) Specialized information on chronic and disabling conditions and diseases, aging, caregiving issues, and community resources.

(2) Family consultation. Professional staff shall work with families and caregivers to provide support, alleviate stress, examine options, and enable them to make decisions related to the care of cognitively impaired adults. Clinical staff shall provide an assessment of caregiver needs, short- and long-term care planning, and ongoing consultation.

(3) Respite care. The CRCs shall arrange respite services to relieve caregivers of the stress of constant care.

(4) Short-term counseling. The CRCs shall provide up to six one-hour individual counseling sessions to caregivers seeking emotional support, skill development, and strategies to better cope with their caregiving situation.

(5) Support groups. The CRCs shall offer support groups that enable caregivers to share experiences and ideas to ease the stress of their caregiving role.

(6) Legal and financial consultation, including professional legal assistance or referrals to professional legal assistance, that can help caregivers with a variety of issues, including estate planning, trusts, wills, conservatorships, and durable powers of attorney.

(7) Education and training. The CRCs shall organize and conduct education for groups of caregivers and community professionals on a variety of topics related to caregiving.

(c) The amount of each of the services specified in subdivision (b) that are provided shall be determined by local needs and available resources.

(d) Persons receiving services pursuant to this chapter may be required to contribute to the cost of services depending upon their ability to pay, but not to exceed the actual cost thereof.

4365. Each CRC shall submit progress reports on its activities as required by the director. These reports shall include, but not be limited to, a summary and evaluation of the activities of the CRC. Client, caregiver, service, and cost data shall be provided for each operating CRC.

SEC. 3. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

To ensure the continuation of vital services through the transition of the program from the former State Department of Mental Health to the State Department of Health Care Services, it is necessary that this act take effect immediately.